






DELTA TOWNSHIP ATHLETIC REGISTRATION FORM - Please use one form per person. Feel free to make copies.

PARTICIPANT'S NAME	HOME PHONE	CHILD'S DOB	M/F
STREET	WORK PHONE	<input type="checkbox"/> MEDICAL CONDITION? (Attach brief explanation)	
CITY, ZIP	PERSON'S NAME AT WORK PHONE		
IF YOU WOULD LIKE TO RECEIVE NOTICES OF UPCOMING EVENTS VIA EMAIL, PLEASE PROVIDE YOUR EMAIL ADDRESS:			

EVENT NAME	REGISTRATION INFORMATION	COST
2004 BOYS BASEBALL - \$22 <input type="checkbox"/> Deadline: May 7, 2004 Ages 7-9 as of June 14, 2004 	School my child attends: _____ <input type="checkbox"/> Yes, I am willing to coach my child's team. If yes, name: _____	
2004 GIRLS SOFTBALL - \$22 <input type="checkbox"/> Deadline: May 7, 2004 Ages 7-11 as of June 14, 2004 	School my child attends: _____ <input type="checkbox"/> Yes, I am willing to coach my child's team. If yes, name: _____	
2004 COED T-BALL - \$22 <input type="checkbox"/> Deadline: May 7, 2004 Ages 5-6 as of June 14, 2004 	School my child attends: _____ <input type="checkbox"/> Yes, I am willing to coach my child's team. If yes, name: _____	
2004 FALL SOCCER - \$22 <input type="checkbox"/> Deadline: July 16, 2004 Ages 4-10 as of December 1, 2004 	School my child attends: _____ <input type="checkbox"/> Yes, I am willing to coach my child's team. If yes, name: _____ <input type="checkbox"/> 4-on-4 <input type="checkbox"/> 10-on-10 (actually 7-on-7, 8-on-8, 10-on-10, 11-on-11 based on age)	

Phone: (517) 323-8555 Internet: www.deltami.gov/parks Make checks payable to: Delta Township
 Mail to: Delta Township Parks & Recreation, 7710 West Saginaw Highway, Lansing 48917
 No special requests will be honored.

<input type="checkbox"/>  Programs with this symbol require a blue and white reversible shirt. If your child needs one, please select a size and enclose an additional \$10. XS S M L XL (all sizes are adult) - \$10	
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Parent/Guardian or Adult Participant Waiver, Release of Liability & Consent Agreement

I understand that the Delta Township Parks and Recreation Department and its program co-sponsors thereof, are in no way responsible for any injury that may be incurred by myself or my child while participating in the program(s) I have registered for and agree to hold the above harmless for injury and damages in return for such participation.

Parent/Guardian or Adult Participant Signature _____

Please Print Name _____

TOTAL	
OFFICE USE ONLY	
DATE RCVD	
RECEIPT #	
SHIRT RECEIVED?	<input type="checkbox"/> Yes <input type="checkbox"/> No